FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES IN	<b>BENEFICIAL</b>	<b>OWNERSHIP</b>

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     HAGEDORN JAMES				2. Issuer Name <b>and</b> Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [ SMG ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner  X Officer (give title Other (speci						
(Last) (First) (Middle) C/O HAGEDORN PARTNERSHIP, L.P. 800 PORT WASHINGTON BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 08/07/2006							below) below) CEO and Chairman							
(Street) PORT WASHIN (City)			.1050 Zip)		4. I1	Ameno	dment,	Date	of Origi	inal Fi	led (Month/Da	ay/Year)		ine) X Fori	n filed by n filed by	One Re	eporting	ck Applicable Person Reporting
		Tabl	e I - N	lon-Deriv	ative	Seci	uritie	s Ac	quire	d, D	isposed o	f, or E	Benefici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amoun Securities Beneficia Owned Fo	Form: ly (D) or l		Direct Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a				,
Common	Shares			08/07/20	006				S <sup>(1)</sup>		59,100	D	\$38.23	3,310,	732 <sup>(2)</sup>		I	See footnotes <sup>(3)(4)</sup>
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	erivative   Conversion   Date   Execution Date   ecurity   or Exercise   (Month/Day/Year)   if any		tion Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (I or Indir (I) (Instr	Beneficial Ownership ect (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares					

## **Explanation of Responses:**

- 1. Represents the sale for the account of James Hagedorn and certain family members of a portion of their proportionate interest in the Issuer's common shares (the "Common Shares") held by the Hagedorn Partnership, L.P.
- 2. The number of common shares has been adjusted to reflect the 2-for-1 stock split by The Scotts Miracle-Gro Company on November 9, 2005 to shareholders of record on November 2, 2005.
- 3. Pursuant to Exchange Act Rule 16a-1(a)(1), the Reporting Person may be deemed, solely for purposes of determining whether he is a beneficial owner of more than 10% of the Common Shares, to be the beneficial owner of the securities of the Issuer that are held by Hagedom Partnership, L.P., a Delaware limited partnership in which the Reporting Person is a general partner.
- 4. Represents the aggregate proportionate interest of James Hagedorn and those family members in whose holdings he may be deemed to have a pecuniary interest in the Common Shares held by Hagedorn Partnership, L.P.

## Remarks:

/s/ Rob McMahon, Attorneyin-Fact

08/09/2006

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.